

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W.A		02/15/01
O.I.P.E. CLASSIFIER		317	
FORMALITY REVIEW		130	
RESPONSE FORMALITY REVIEW		712	05-14-01 06-01-01

REFLECT ANNUAL ARLE COPY

## INDEX OF CLAIMS

- ✓ ..... Rejected N ..... Non-elected
- = ..... Allowed I ..... Interference
- (Through numeral)... Canceled A ..... Appeal
- ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
3 ✓	
26 ✓	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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